

Notification of Demolition and Renovation

I. Facility Information (Identify owner, removal contractor, and other operator)				
Owner: Kingsview Homes, Inc.				
Address: 125 Ashland Place				
City: Brooklyn		State: NY	Zip: 11201	
Contact: Linda Jenkins / President			Tel: 718 875-9225	
Removal Contractor: Branch Restoration, Inc.				
Address: 261 West 35th Street, Suite 1408				
City: New York		State: NY	Zip: 10001	
Contact: Michael J. Caputo			Tel: 212 244-8441	
Other Operator:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
II. Type of Notification (O = Original / R = Revised): O				
III. Type of Operation (D = Demolition / R = Renovation): R				
IV. Is Asbestos Present: (Yes/No) Y				
V. Facility Description (Include building name, number and floor or room number)				
Building Name:				
Address: 115 Ashland Place				
Address:				
City: Brooklyn		State: NY	County: Kings	
Site Location: 1st Floor, Rear Corridor				
Building Size:	Sq. Meter:	Sq Ft.: 325,000	# of Floors: 15	Age In Years: 59
Present Use: Residence		Prior Use: Residence		
VI. Procedure, Including Analytical Method, If appropriate, Used to Detect the Presence of Asbestos Material:				
Polarized Light Microscopy (PLM & Transmission Electron Microscopy (TEM))				
VII. Approximate Amount of RACM to be Removed and Non Friable Asbestos Material That Will Not be Removed. Specify the Amount of Asbestos Below:				
	RACM To Be Removed	Non friable Asbestos Material Not to be Removed		
		----- Category I	----- Category II	
Pipe - Linear Feet	290			
Pipe - Linear Meters				
Surface Area - Square Feet				
Surface Area - Square Meters				
Volume RACM Off Facility Component - Cubic Feet				
Volume RACM Off Facility Component - Cubic Meter				
VIII. Scheduled Dates of Asbestos Removal (MM/DD/YY)		Start: 9/13/16		Completion: 9/12/2017
IX. Scheduled Dates of Demo/Renovation (MM/DD/YY)		Start:		Completion:

continued on page 2

Figure 1. Notification of Demolition and Renovation

Notification of Demolition and Renovation

X. Description of Planned Demolition or Renovation Work, And Method(s) to be Used:

Removal of Pipe Insulation with associated Elbow Insulation-Friable - Utilizing Full Containment Procedures.

XI. Description of Engineering Controls and Work Practices to be Used to control Emissions of Asbestos at the Demolition and Renovation Site:

Pipe and Elbow Insulation-Friable Work Procedures utilizing Full Containment Procedures w/ negative air and decontamination unit

XII Waste Transporter #1

Name: ATC Transportation Co., Inc.

Address: 2 Moriches Middle Island Rd.

City: Shirley

State: NY

Zip: 11967

Contact Person: Butch/Kenny

Tel: 631-924-5050

Waste Transporter #2.

Name:

Address:

City:

State:

Zip:

Contact Person::

Tel:

XII Waste Disposal Site

Name: Minerva Enterprises, Inc.

Address: 9000 Minerva Rd.

City: Waynesburg

State: OH

Zip: 44688

Telephone: 330-866-3435

XIV If Demolition Ordered by a Government Agency, Please Identify the Agency Below:

Name:

Title:

Authority:

Date of Order (MM/DD/YY):

Date Order to Begin (MM/DD/YY):

XV. For Emergency Renovations

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event Caused Unsafe Conditions or Serious Disruption of industrial Operations:

XVI Description of procedures to be Followed in the Event that Unexpected Asbestos is found of Previously Nonfriable Asbestos Material Becomes Crumbled, Pulverized, or Reduced to Powder.

Application of amended water, Hepa vacuuming.

XVI I certify that an individual trained in the provisions of this regulation (40 CFR Part 61, Subpart MO will be on site during the Demolition or Renovation and Evidence that the Required Training has been Accomplished by this person will be available for Inspection during Normal Business hours. (Required 1 year after Promulgation)

Signature of Owner/Operator

Date

8/30/16

XVI I Certify that the above information is correct.

Signature of Owner/Operator

Date

8/30/16

SEP - 8 2016

ACB Gillen